RCJ Journal of the Academy of Public Health

The gradual militarization of public health and university research in Germany

Günter Kampf, Georg Hörmann, Klaus Kroy, Markus Riedenauer, Andreas Schnepf, Michael Esfeld

Published: Jan 30, 2025 + DOI: https://doi.org/10.70542/rcj-japh-art-1f2dxry

Article

Over the past decade, armed forces have been highly visible elements in the response to health emergencies and in particular disease outbreaks.[1] With the COVID-19 pandemic, the militarization of public health seems to have increased further.[2] In France, on March 16, 2020, Emmanuel Macron called for a full mobilization of his country in a health war.[3] In the same vein, in Germany, a structural change was implemented in the Federal Ministry of Health and the subordinate Robert Koch Institute, which had been invisible to the public for years. In January 2020, the Federal Ministry of Health created a new department for health protection, health safety and sustainability, headed by a surgeon general from the army who was appointed on 1 March 2020. In July 2020, the president of the Robert Koch-Institute used an unusual phrase when he said that the COVID-19 control measures "must never be questioned," similar to a military order.[4] A parliamentary inquiry in the German state of Brandenburg in September 2023 indeed revealed that the surgeon general was allowed to issue orders to him.[5] And the German Society for Hospital Hygiene published a summary of a conference on various health crises held in February 2023 in cooperation with the German Army. It includes a "Berlin Call for Action" with ten key demands and statements including that, in general, disaster prevention and crisis management can only succeed as a nationwide effort of civil-military cooperation.[6] Also, the Charité Berlin, one of Europe's largest University Hospitals, just signed a letter of intent for closer collaboration with Berlin's Military Hospital in a joint training and simulation center for the treatment of highly infectious serious diseases. According to the signatories, such joint ventures, which also aim to expand competencies in the fields of chemical, biological, radiological, and nuclear threats, are of central importance for Germany's national and allied defense and healthcare in "peace-crisis-war."[7]

In July 2024, the Bavarian government passed a new law entitled "Gesetz zur Förderung der Bundeswehr in Bayern" (Law on the promotion of the German Army "Bundeswehr" in Bavaria), which aims to ensure "unhindered access of the Bundeswehr to research and development at universities" and recruiting efforts at high schools — against protests initiated by academics and concerned citizens with the Teachers' Union.[8] Meanwhile, many teachers received a colorfully illustrated article by the German Civil Service Federation (DBB) about the fist German cadet enrolled as a "Plebe" in the US Military Academy West Point, where he is currently busy learning "how to take and precisely execute orders," while the voluntary commitment of universities to conduct research only for civilian purposes (civilian clause) is to be banned in Bavaria[9] and for Germany as requested by the military industry,[10] a serious violation of the freedom of science.

In other countries, such as the Philippines, the COVID-19 control was led by a group composed of former military officers. The executive branch reasoned that the country needed men and women trained in the art of warfare since the health crisis is a battle against the invisible enemy, SARS-CoV-2. These developments delineate contours of what the Swiss feminist theorist Tove Soiland, drawing on a notion coined by French philosopher Michel Foucault, calls a "global biosecurity dispositive."[11] But this type of wartime strategy distracts from an appropriate understanding of the problem and the right actions required.[12] It is poorly aligned with the WHO Director-General's opening remarks at the media briefing on COVID-19 on 3 August 2020, namely that governments should "inform, empower and listen to communities." Instead, the contrasting situations in different countries raise an important question. How might policy

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makers, practitioners and academics respond to the progressive centralization and authoritarian (in the case of COVID-19 often brutal and violent) enforcement of so-called “health strategies?” Their work is generally premised on liberal democratic ideals and typically tries to ensure that programs move away from a “one size fits all” approach by responding to local socio-political contexts in ways which facilitate appropriate and effective responses, and alleviate rather than accentuate vulnerabilities.[13]

The unified, militarized form of public health care is a regression and ignores insights of human ecology. Still, it is fostered since 2001 by the WHO proposal to link ministries of health and of defense and to integrate the armed forces in “interventions required to combat existing or potential threats.”[14] This development has been substantially criticized from the perspective of international law.[15] Furthermore, it has been postulated that “partnering with the military” is a euphemism, because everyone is always functionally subordinate to the military, owing to the militaries' superior resources and federal mandates.[16] It is unrealistic to expect that public health values and missions will be given priority until the bloated federal military budget is redistributed to the health and education sectors.[16]

The gradual militarization of public health programs and university research should therefore be prevented. In particular, the freedom of university research must be fully protected from direct state and military access.

Funding, Disclosures & Conflicts of Interest

The views expressed here are those of the authors and do not necessarily reflect those of their universities.

All authors contributed to all aspects of the text.

Affiliations:

Günter Kampf, University Medicine Greifswald, Greifswald, Germany

Georg Hörmann, University of Bamberg, Bamberg, Germany

Klaus Kroy, Leipzig University, Leipzig, Germany

Markus Riedenauer, Catholic University, Eichstätt-Ingolstadt, Germany

Andreas Schnepf, University Tübingen, Tübingen, Germany

Michael Esfeld, University of Lausanne, Lausanne, Switzerland

Correspondence:

Prof. Dr. Günter Kampf

University Medicine Greifswald

Ferdinand-Sauerbruch-Strasse

17475 Greifswald

Germany

Email: guenter.kampf@uni-greifswald.de

Submitted to JAPH on 10/1/2024

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